

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/10/2012	
NAME OF PROVIDER OR SUPPLIER CONTINUING CARE CENTER OF LAPORTE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Fire Safety Evaluation (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Surveys conducted on 08/15/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/10/12</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this FSES survey, Continuing Care Center of LaPorte Hospital was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility was surveyed with Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is located on the fifth floor and one wing of the sixth floor of a seven story building determined to be of Type II (111) construction separated from the existing hospital by a 2 hour</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/10/2012	
NAME OF PROVIDER OR SUPPLIER CONTINUING CARE CENTER OF LAPORTE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page 1 fire wall and is fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms were provided with battery operated smoke detectors. The facility has a capacity of 55 and had a census of 36 at the time of this visit. The facility was found in compliance with state law in regard to sprinkler coverage and not in compliance with state law in regard to smoke detector coverage. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/15/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			{K 000}			
{K 012} SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.2. Table 19.1.6.2 requires a building, four or more stories in height, to be Type II (222), Type I (332) or Type			{K 012}	Correction obviated. Passed FSES.		8/30/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/10/2012	
NAME OF PROVIDER OR SUPPLIER CONTINUING CARE CENTER OF LAPORTE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 012}	Continued From page 2 I (443). This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of Fire Safety Evaluation System (FSES) documentation dated 08/03/12 and interview with the Environment of Care Safety Coordinator on 10/10/12 at 12:00 p.m., the facility was determined to be of Type II (111) construction and seven stories tall with a basement. The concrete floor slab in the North Tower is only 2 1/2" thick. This results in a construction type classification of II (111). The attached South Tower is Type I (332) construction and is separated from the North Tower on all stories by a 2 hour fire barrier wall.			{K 012}			
{K 038} SS=F	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on record review and interview; the facility failed ensure 3 of 3 vertical exit egress towers provided a means of egress which discharge to the exterior or the public way in accordance with requirements of NFPA 101, 2000 edition, 7.7. 7.7.1 requires exits to discharge directly to a public way or exterior exit discharge. 7.7.2 allows no more than 50 percent of the exits or egress			{K 038}	Correction obviated. Passed FSES.		9/3/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/10/2012	
NAME OF PROVIDER OR SUPPLIER CONTINUING CARE CENTER OF LAPORTE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 038}	<p>Continued From page 3</p> <p>capacity to discharge into areas on the level of exit discharge. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Safety Evaluation System (FSES) documentation dated 08/03/12 and interview with the Environment of Care Safety Coordinator on 10/10/12 at 12:00 p.m., exit stairs # 3 & # 4 in the North Tower and exit stair # 5 in the South Tower do not discharge to the exterior through an approved exit passageway at the first floor level. Based on interview with the Environment of Care Safety Coordinator at 12:00 p.m., the exit stair discharge was confirmed.</p> <p>3.1-19(b)</p>			{K 038}			